



DFI Use Only	
DATE RECEIVED	_____
LIC # _____	DFI ID # _____ \$ _____

CASHER OF CHECKS APPLICATION FOR LICENSE

TO BE COMPLETED BY ALL APPLICANTS		
Name of Check Cashing Business		
Address (Number and Street)		
City, State, Zip Code	Telephone	Fax
Address of Where License is to be Sent		Contact Person
		E-Mail
City, State, Zip Code	Telephone	Fax
INDIVIDUALS (To be completed by those operating as sole proprietorships)		
Name		
Address (Number and Street)		
City, State, Zip Code	Telephone	
PARTNERSHIPS (To be completed by those operating as Partnerships)		
NAME AND RESIDENCE ADDRESS OF EACH PARTNER:		
Name		
Address (Number and Street)		
City, State, Zip Code	Telephone	
Name		
Address (Number and Street)		
City, State, Zip Code	Telephone	
ATTACH AN ADDITIONAL SHEET IF NECESSARY		
ASSUMED NAME		
If applicant operates under an assumed name, a certificate from the appropriate official showing compliance with the provisions of the laws of the State of Indiana pertaining to conducting business under an assumed name is to be included with the application.		

CORPORATIONS / LIMITED LIABILITY COMPANIES (To be completed by those operating as a Corporation / LLC)

Name of Corporation / LLC

Address (Number and Street)

City, State, Zip Code

Telephone

Corporation / Company Organized Under the Laws of What State?

Date of Incorporation /
Organization**LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION OR LLC MEMBERS AND DIRECTORS WITH TITLE AND RESIDENCE ADDRESS:**

Name of Officer/Director/Member

Title

Address (Number and Street)

City, State, Zip Code

Telephone

Name of Officer / Director / Member

Title

Address (Number and Street)

City, State, Zip Code

Telephone

Name of Officer / Director / Member

Title

Address (Number and Street)

City, State, Zip Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY**IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THE COMPANY. FOR ENTITIES MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.**

Name

Title

Address (Number and Street)

City, State, Zip Code

Telephone

Name

Title

Address (Number and Street)

City, State, Zip Code

Telephone

Name

Title

Address (Number and Street)

City, State, Zip Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

REFERENCES

Give three (3) names and addresses of references as to your "financial responsibility, character, and fitness." One shall be a representative of a financial institution. Reference letters on business stationery should be submitted with your license application.

Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone

INDIANA BRANCH INFORMATION

ADDRESS OF EACH INDIANA BRANCH LOCATION	Number of Branches _____
Address (Number and Street)	
City, State, Zip Code	Telephone
Address (Number and Street)	
City State, Zip Code	Telephone
Address (Number and Street)	
City, State, Zip Code	Telephone
Address (Number and Street)	
City, State, Zip Code	Telephone
Address (Number and Street)	
City, State, Zip Code	Telephone
Address (Number and Street)	
City, State, Zip Code	Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

GENERAL INFORMATION

1. If a **Corporation or LLC**, attach a copy of your certificate of authority from the Indiana Secretary of State.
2. Attach a description of your business history, business plan, and any other transactions that will be conducted at your check cashing location/s. Include a description of any money order sales that you plan to make, if applicable.
3. Give the amount of fee or schedule of fees you propose to impose for your check cashing services:
4. List other states where the applicant or any affiliated company operates as, or did operate as, or is licensed or regulated as, or was licensed or registered as, a lender, loan broker, or other financial services provider under state or federal regulatory authority. Provide the same information for owners and officers of the applicant. Provide the names of all state and federal regulatory agencies, contact person, contact information, and the date licensed.
5. Has the applicant, any affiliated company, or any company associated with the owners or officers of the applicant had a license or registration cancelled, suspended, or revoked in any state or been subject to a state or federal enforcement or administrative order, including but not limited to informal resolutions, memorandums of understanding, cease and desist orders? Yes ☐ No ☐ If Yes, give full details. _____
6. Have you read the attached copy of the Check Cashing Act in its entirety? Yes ☐ No ☐
7. In particular, have you reviewed Sections 16, 17, and 18 of the Act? Yes ☐ No ☐
8. Do you agree to keep ample and adequate records to disclose the true status of your business under the Check Cashing Act, and will such records be made available for examination. Yes ☐ No ☐
Give details on the software used for record keeping _____
9. Give history and full details of any material litigation and/or criminal convictions for five years preceding date of application for any owner, partner, corporate officer, limited liability member, or branch manager.
10. Give the name of the person who will be managing the check cashing business:
Applicant must show minimum two (2) years finance related experience for anyone who will be managing an Indiana location.

ATTACH A BUSINESS RESUME FOR THE MANAGER AND ALL OFFICERS

ATTACH CPA prepared reviewed or audited Financial Statements or most recent 10K filing with the Securities Exchange Commission (SEC) indicating a minimum net worth of at least \$100,000.00 available for operating the business with liquid assets of at least \$50,000.

ACKNOWLEDGMENT

The applicant executed this application on _____ and acknowledges that all statements made herein and supporting schedules, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with the law.

IF A CORPORATION / LLC, PRESIDENT AND ONE OFFICER MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

By:

Title

By:

Title

By:

Title



STATE OF INDIANA

DEPARTMENT OF FINANCIAL INSTITUTIONS



30 South Meridian Street, Suite 300
Indianapolis, Indiana 46204-2759
Telephone: (317) 232-3955
FAX: (317) 232-7655
WEB SITE <http://www.in.gov/dfi>

TO APPLICANTS FOR A LICENSE TO BE A CHECK CASHER:

Enclosed is an application for a license under the Indiana Check Cashing Act (IC 28-8-5). The application is to be submitted to the Department of Financial Institutions. There is an initial application fee of \$250 to be included with the application. The check or money order is to be made payable to the Department of Financial Institutions. A license renewal fee of \$250 per Indiana location up to a maximum fee of \$2,000 is due by July 1 of each succeeding year.

Section 1 of the Indiana Check Cashing Act outlines exemptions to the Act. You will generally be exempt if the cashing of checks is incidental to the retail sale of goods or services (as defined in Section 5 of the Act) and consideration does not exceed the greater of one dollar (\$1.00) or one percent (1%) of the face amount of the check.

EXPERIENCE: Applicant must show minimum two (2) years finance related experience for anyone who will be managing an Indiana location.

FINANCIAL REQUIREMENTS: CPA prepared reviewed or audited Financial Statements or most recent 10K filing with the Securities Exchange Commission (SEC) indicating a minimum net worth of at least \$100,000.00 available for operating the business and liquid assets of at least \$50,000 must accompany the application. Liquid assets include cash or it equivalent (any assets that are readily convertible to cash without significant loss such as treasury bills, short term marketable securities, demand deposits, and time deposits nearing maturity. Other assets that are to be considered liquid must be identified by a footnote in the CPA report as to how the liquidity was determined.)

CREDIT REPORT: A credit report of the business and/or principals is to be attached to the application.

STATE POLICE REPORT: A criminal record report from the State Police of the State of residence for each owner, partner, member, or officer and Indiana manager must accompany the application. The report for Indiana residents from the Indiana State Police may be secured by sending a money order (amount determined by State Police) to the ISP Central Records Division, IGCN 100 North Senate, Room 302, Indianapolis, IN 46204, 317-232-8262. Include your name, address, date of birth, and your finger prints and request a review of records for the Department of Financial Institutions for the issuance of a Check Cashier's license.

REFERENCES: Give three names and addresses of references willing to acknowledge your financial responsibility, character, and fitness. One reference shall be a representative of a financial institution. Reference letters on business stationary should be submitted with your license application.

FinCEN INFORMATION: If you are an existing check casher in other states and are already filed with the Treasury Department /FinCEN, please send us a copy of your registration.

If you are a new check casher, information regarding the BSA and FinCen is on the Internet. US Treasury registration forms and information are available at: http://www.fincen.gov/reg_bsaforms.html; statutes are at: <http://www.fdic.gov/regulations/laws/rules/8000-1400.html>. Information about FinCEN is at: <http://www.fincen.gov/>. You will need include a copy of your registration with your application.

PLEASE NOTE:

If you plan to regularly engage in advancing funds for checks cashed at a later date, you will need a loan license from this Department. If you make more than 25 of this type of transaction in a year, you are considered regularly engaged. (Refer to IC 28-8-5-2.5 and IC 28-8-5-18.5)

If you desire further information concerning specific licensing questions, please contact this office.

NON-DEPOSITORY DIVISION

mtarpey@dfi.in.gov

CHECK CASHER LICENSE APPLICATION CHECKLIST

ATTACH TO APPLICATION

CHECK HERE	THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION
	Application fee of \$250 made payable to the Department of Financial Institutions
	CPA prepared Reviewed or Audited Financial Statement including a Balance Sheet and Income Statement or most recent 10K filing with the Securities Exchange Commission (SEC) showing at least \$100,000 net worth and at least \$50,000 in liquid assets
	State Police Report of State of residence for each principal (officer/member/partners/owner/Indiana manager)
	Credit Report for business and/or principal
	Three reference letters, one must be a financial institution
	If a corporation / LLC, a copy of Certificate of Authority to do business in Indiana from the Secretary of State
	If D/B/A, copy of assumed name certificate from the Indiana County recorder for each Indiana location
	Copy of Indiana business plan
	List of other states where operating as a check casher
	Business resume for the manager, owner, partners, and all officers, as applicable
	Copy of Treasury / FinCEN registration
	A copy of your latest Treasury / FinCen registration is to be included with your license renewal

Check each item required to accompany the application to make sure your application is complete and send this checklist with the application.